

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

State of VIRGINIA

**INCOME ELIGIBILITY LEVELS**

**GROUPING OF LOCALITIES**

**GROUP I**

**Counties**

Accomack  
Alleghany  
Amelia  
Amherst  
Appomattox  
Bath  
Bedford  
Bland  
Botetourt  
Brunswick  
Buchanan  
Buckingham  
Campbell  
Caroline  
Carroll  
Charles City  
Charlotte  
Clarke  
Craig  
Culpeper  
Cumberland  
Dickenson  
Dinwiddie  
Essex  
Fauquier  
Floyd  
Fluvanna  
Franklin  
Frederick  
Giles  
Gloucester  
Goochland  
Grayson  
Greene  
Greensville  
Halifax

Hanover  
Henry  
Highland  
Isle of Wight  
James City  
King George  
King & Queen  
King William  
Lancaster  
Lee  
Louisa  
Lunenburg  
Madison  
Matthews  
Mecklenburg  
Middlesex  
Nelson  
New Kent  
Northampton  
Northumberland  
Nottoway  
Orange  
Page  
Patrick  
Pittsylvania  
Powhatan  
Prince Edward  
Prince George  
Pulaski  
Rappahannock  
Richmond  
Rockbridge  
Russell  
Scott  
Shenandoah  
Smyth  
Southampton  
Spotsylvania

Stafford  
Surry  
Sussex  
Tazewell  
Washington  
Westmoreland  
Wise  
Wythe  
York

**Cities**

Bristol  
Buena Vista  
Clifton Forge  
Danville  
Emporia  
Franklin  
Galax  
Norton  
Poquoson  
Suffolk

**GROUP II**

**Counties**

Albemarle  
Augusta  
Chesterfield  
Henrico  
Loudoun  
Roanoke  
Rockingham  
Warren

**Cities**

Chesapeake  
Covington  
Harrisonburg  
Hopewell  
Lexington  
Lynchburg  
Martinsville  
Newport News  
Norfolk  
Petersburg  
Portsmouth  
Radford  
Richmond  
Roanoke  
Salem  
Staunton  
Virginia Beach  
Williamsburg  
Winchester

**GROUP III**

**Counties**

Arlington  
Fairfax  
Montgomery  
Prince William

**Cities**

Alexandria  
Charlottesville  
Colonial Heights  
Fairfax  
Falls Church  
Fredericksburg  
Hampton  
Manassas  
Manassas Park  
Waynesboro

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**D. INCOME LEVELS - MEDICALLY NEEDY**

(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for ____ months	Amount by which Column (2) exceeds limits specified in 42 CFR 435.1007 <sup>1</sup>	Net Income level for persons living in rural areas for ____ months	Amount by Which Column (4) exceeds limits specified in 42 CFR 435.1007 <sup>1</sup>
<input type="checkbox"/>	urban only			
<input type="checkbox"/>	urban & rural			
5	\$	\$	\$	\$
6	\$	\$	\$	\$
7	\$	\$	\$	\$
8	\$	\$	\$	\$
9	\$	\$	\$	\$
10	\$	\$	\$	\$
For each additional person, add:	\$	\$	\$	\$

<sup>1</sup> The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

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**E. INCOME ELIGIBILITY LEVELS--MANDATORY GROUP OF SPECIFIED LOW-INCOME MEDICARE BENEFICIARIES WITH INCOMES UP TO FEDERAL POVERTY LINE**

The levels for determining income eligibility for groups of qualified Medicare beneficiaries under the provisions of §1905(a)(10)(E) of the Act are as follows:

Based on 110 percent, and updated annually, of the official Federal nonfarm income poverty line:

<u>Size of Family Unit</u>	<u>Poverty Guideline</u>
<u>1</u>	<u>\$ 8,096</u>
<u>2</u>	<u>\$10,824</u>

**F. INCOME ELIGIBILITY LEVELS--MANDATORY GROUP OF QUALIFIED DISABLED AND WORKING INDIVIDUALS WITH INCOMES UP TO FEDERAL POVERTY LINE**

The levels for determining income eligibility for groups of qualified Disabled and Working Individuals under the provisions of §1905(s) of the Act are as follows:

Based on 200 percent, and updated annually, of the official Federal nonfarm income poverty level:

<u>Size of Family Unit</u>	<u>Poverty Guideline</u>
<u>1</u>	<u>\$14,720</u>
<u>2</u>	<u>\$19,680</u>

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**STANDARDS OF ASSISTANCE**

**GROUP I**

<u>Size of Assistance Unit</u>	<u>Table 1 (100%)</u>	<u>Table 2 (90%)</u>
1	\$146	\$131
2	229	207
3	295	265
4	358	322
5	422	380
6	473	427
7	535	482
8	602	541
9	657	591
10	718	647
Each person above 10	61	56

**MAXIMUM REIMBURSABLE PAYMENT \$403**

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**STANDARDS OF ASSISTANCE**

**GROUP II**

<u>Size of Assistance Unit</u>	<u>Table 1 (100%)</u>	<u>Table 2 (90%)</u>
1	\$174	\$157
2	257	231
3	322	291
4	386	347
5	457	410
6	509	458
7	570	512
8	636	572
9	692	623
10	754	678
Each person above 10	61	56

**MAXIMUM REIMBURSABLE PAYMENT \$435**

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**STANDARDS OF ASSISTANCE**

**GROUP III**

<u>Size of Assistance Unit</u>	<u>Table 1 (100%)</u>	<u>Table 2 (90%)</u>
1	\$243	\$220
2	327	294
3	393	354
4	457	410
5	542	488
6	593	534
7	655	590
8	721	650
9	779	701
10	838	755
Each person above 10	61	56

**MAXIMUM REIMBURSABLE PAYMENT \$518**